

Protecting the Mental Health of Our Young Patients

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In the last few years, the discourse around mental health has been taking precedence on a global scale. People seem to be more aware about the appearance of mental duress in their loved ones, much like we used to be with the overt exhibition of fever and fatigue in a family member, back in the day. While many in my generation still struggle to perfectly verbalize our thoughts on these topics, the younger generation is making a welcome shift towards identifying and articulating one's own mental state and its interlinkage with productivity in other spheres of life. While pondering over this, I was struck by the gap in the benefits of this shift for our young patients who are too young to process these emotions, let alone articulate them.

Evidence suggests that about 20% of the world's population is neurodiverse. This could include being on the autism spectrum disorder, having attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, Tourette syndrome, amongst others. Two things struck me instantly as I read this statistic. First, about how this implies that every fifth patient of mine is, on some level, perhaps spending a confused childhood, trying to understand how he/she does not fit into the standard schema of what is expected from an ideal child. Such a thought – usually persistent throughout childhood – can be terrifying and traumatizing. Second, looking back (to over three and half decades ago) to my medical college days, I am struck by how, while we were trained to become extremely vigilant about the smallest signs and symptoms of any physical atypicality in our patients, little time was spent trying to understand the subtle signs of neurodivergence in a child. Pediatricians are often the first point of contact for the parent for any health-related concern of the child. Although we are aware about the importance of mental health and well-being in a child, we ourselves often lack awareness regarding how it translates to a child's development and how we could play an influential role in identifying when a child is undergoing mental health difficulties. I am now spending more time trying to understand how, as a clinician, I can be more attentive towards the nature of my patient's mental health.

Neurodivergence, much like any other aspect of our physiology, is an ever-developing phenomenon, which is why it can manifest in a wide range through early infancy, childhood and adolescence. Naturally, this variability also leads to differing challenges through every stage, and so, there cannot be a generalized protocol that we could follow for every child. Hence, it becomes important to just understand a few key markers that we could watch for in our everyday practice. Mindfulness is the key here. A lot of us are parents ourselves, and just like it takes practice and patience to change a long-term sticky habit, it takes active effort to accept thoughts or behaviors that go against the traditional criteria of 'normal' behaviors. It also goes to show that any change becomes difficult to implement with time, so identifying certain aberrations in a child's development due to mental health reasons becomes all the more important, as early sensitization of parents and early intervention gives the best prognosis to a child.

Early infancy is a period where we know the purest indicator of mental health are developmental milestones. During routine check-ups, a question or two about the child's attachment patterns, temperament, nature of reciprocal interaction, and social attitudes can reveal a lot about the child's early developmental markers. In such a situation, we guide the parents towards a developmental pediatrician or occupational therapy just as simply as prescribing medication. Here, if we take a few extra minutes to stress on the importance of these early interventions, it goes a long way in ensuring compliance. Parents are still hesitant to visit psychologists, counselors or therapists unprompted, due to the stigma still attached to a psychological diagnosis. As pediatricians, our word can be a convincing behavior change communication. Many children with developmental delays grow up to have either borderline intellectual functioning or are slow learners in academics. Early sensitization for the parents on the display of mildly neurodivergent behavior can save a lot of pressures that the toddler will subsequently face in the next developmental phase - as a child.

After the home, the school occupies the center stage in a child's life. As a country, we have always been

dangerously obsessed with good marks, as we look at academic performance as the highest reflection of our child's intelligence. We are all aware about the reflection of this attitude in the disheartening student suicide rates in India. Within the context of learning disabilities, ignorance of parents, teachers (and often doctors), together with the competitive nature of the world, unfair expectations from the child, and the endless unproductive distractions available to the child is a recipe for developing a depressive, or anxious personality for a child struggling with their own neurodivergence. At such times, equipping the parents with the basic information and guiding them towards the right direction can go a long way. A question about the child's academic performance, social interaction or play or behavioral patterns can reveal underlying mental health stress like anxiety or sadness. A child is too young to understand and process her own emotions so she would find it difficult to express if she is feeling sad. Children are often embarrassed about these emotions too since we are yet to normalize feeling sad/anxious and these emotions are often looked at negatively or as a sign of a weak mind. Hence a child's behavior and any deviation from it becomes an important marker for diagnosis. Stress induces an inflammatory cascade and can induce somatic complaints which mimic physical ailments and if the symptoms

coincide with missing examinations, bunking school or tuitions, they suggest a psychological association. In adolescence, although your patients can perhaps communicate their problems to you, they will trust you as a doctor only if they find your attitude towards them accommodating and accepting at least in comparison to their parents. As pediatricians, simple counseling to parents on these matters during routine check-ups can have a huge impact on the household conversations. Further, if the child is present and overhears you verbalizing these thoughts to her parents, the child can look up to you as a positive role model, and the clinic becomes a safe space.

As pediatricians, we often watch our patients grow up right before our eyes. I now have several former patients who come to me with toddlers of their own. These are patients who have made me a part of their key milestones – coming into the clinic with sweets upon passing examinations, finding a job, a wedding invite, and then babies of their own. After decades of practice, I have come to believe that pediatricians are uniquely posed to observe the entirety of someone's childhood. Just by being slightly more perceptive and observant about developmental markers as much as physical markers in everyday clinical practice, we could be making the most significant contribution to a patient's life.